

By Express Mail #EL988192934US

Attorney Docket No.: **5434-7**

Check box if applicable: ☐ **DUPLICATE**

UTILITY PATENT APPLICATION TRANSMITTAL

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(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))



Dated: November 3, 2003

Mail Stop **Patent Application**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the utility patent application of:

Inventor(s): **Jamie CRAWFORD, Roger GROSKOPF, Mark C. NEWBY**

For: **SAFETY SHIELD SYSTEM FOR A SYRINGE**

Enclosed are:

- Transmittal letter (**2x**) with Fee Computation Sheet
- General Authorization For Payment of Fees (**2x**)
- Title Page, Specification, Claims 1 to 41 & Abstract (31 pages [total number of pages of application])
- Executed Declaration and Power of Attorney (3 p.)
- 9 sheet(s) of drawing(s) (Figs. 1 to 15)
- Check for **\$ 1148** for filing fee
- Assignment of the invention to **Becton, Dickinson and Company**
- Recordation Cover Sheet (PTO-1595)
- Check for **\$40.00** for Assignment Recording Fee
- Return Receipt Postcard

This application is to be assigned to: **Becton, Dickinson and Company**

☐ Please charge my Deposit Account No. 03-2412 in the amount of \$. A duplicate copy of this sheet is enclosed.

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☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this application or credit any overpayment to Deposit Acct. No. 03-2412.

☒ Any additional filing fees required under 37 CFR 1.16.

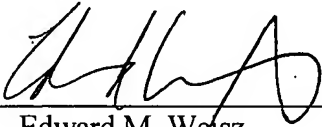
☒ Any patent application processing fees under 37 CFR 1.17

☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

☐ Priority is claimed for this invention and application, corresponding applications having been filed in on , No. , on , No. , on , No. , on , No. , on , No. , on , No. , respectively.

Respectfully submitted,
COHEN, PONTANI, LIEBERMAN & PAVANE

By: _____


Edward M. Weisz
Reg. No. 37,257

551 Fifth Avenue, Suite 1210
New York, New York 10176
Tel: (212) 687-2770
Fax: (212) 972-5487

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FILING FEE COMPUTATION SHEET

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P.O. Box 1450
Alexandria, VA 22313-1450

In re Application of: Jamie CRAWFORD et al.
For: SAFETY SHIELD SYSTEM FOR A SYRINGE

The filing fee has been calculated as shown below:

FOR:	Col. 1	Col. 2	SMALL ENTITY	OTHER THAN SMALL ENTITY
	# FILED	# EXTRA		
BASIC FEE			\$378	\$770
TOTAL CLAIMS	<u>41</u> - 20 =	<u>21</u>	x 9 = \$	x 18 = \$378
INDEPENDENT CLAIMS	<u>3</u> - 3 =	<u>0</u>	x 43 = \$	x 86 = \$
<input type="checkbox"/> MULTIPLE DEPENDENCY			+\$145 = \$	+290 \$
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2			TOTAL: \$	\$1148



16569 U.S. PTO

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Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Jamie CRAWFORD et al.

Serial No.: n/a

Filed: concurrently

For: SAFETY SHIELD SYSTEM FOR
A SYRINGE

Check box if applicable:

☐ DUPLICATE

**GENERAL AUTHORIZATION FOR PAYMENT OF FEES
AND PETITIONS FOR EXTENSIONS OF TIME**

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 03-2412

- [X] Any filing fees required under 37 CFR §1.16.
- [X] Any patent application processing fees under 37 CFR §1.17 not otherwise paid by check.
- [X] The issue fee set in 37 CFR 1.18 at 3 months from mailing of the Notice of Allowance, pursuant to 37 CFR 1.311 (b) provided the fee has not already been paid by check.
- [X] Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

COHEN, PONTANI, LIEBERMAN & PAVANE

By

Edward M. Weisz, Reg. No. 37,257

551 Fifth Avenue, Suite 1210

New York, New York 10176

(212) 687-2770

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